

Name in Full

Certificate of Death

Francis A. Bartlett Sr.

Town

County

Died at Near Carmichael Green Anne MARYLAND

Date 1902 1 10 Age 74 - 2 Native of MD Occupation Farmer

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of Lavinia S. Stauffer

Wife

Father's Name Eliza Bartlett Mother's Name Sarah A. Price

Cause of Death Primary Pneumonia 93 How long sick Six Days
Immediate Heart failure Accident, Suicide, Homicide

Reported by Howard R. Hopkins,

Address

Greenstown
Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79000



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Lucyinda Broadway

Town

County

New Star

Queen Anne

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

02

1 9

Age 40

MD

Housewife

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single~~Widower~~~~Number of children living~~

Six

of

John Broadway

Mother's

Name

Name

Maiden Name

Primary

Immediate

Syphilis

Ulcerated & Gangrenous

How long sick

Accident, Suicide, Homicide

Reported by

Address

Harold R. Hopkins

Queen Anne

MD.

LIBRARY BUREAU, 79895



Name in Full

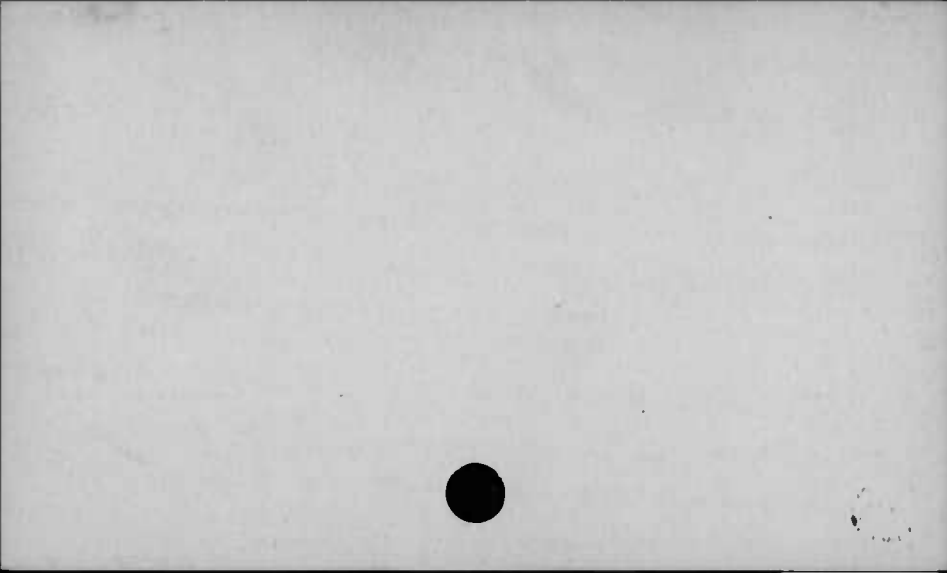
Certificate of Death

Town *Beth* County *(no name)*
 Died at *New Church Hill* *Queen Anne's* MARYLAND
 Date 1902 *June* Month *11* Day *12* Age *6* Y. M. D. Native of *Me.* Occupation *—*
 Mele *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~
 Husband of *—*
 Wife
 Father's Name *John Burchard* Mother's Maiden Name *Ellen Higgins*
 Cause of Death { Primary *Constriction of The Lungs* Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Madeline Coker.

Died at ^{Town} near Centreville ^{County} L. A

MARYLAND

Date 1902 1 1 Age 8 Y. M. D. Native of Md. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Alex Coker

Mother's Maiden Name Lizzie Hard.

Cause of Death { Primary Immediate (Diphtheria) Bad cold & sore throat.

How long sick 10 days.

Accident, Suicide, Homicide

Reported by

Address

Joseph Dawson. Undertaker.

Centreville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

No Doctor

Information from Alex. Coker.
The Father.

Gentreville
Md.

Name *Annie D Cole*
 Died at *Church Hill* Town *Green Anne* County *MARYLAND*
 Date 1902 *1 30* Month *1* Day *30* Age *31 4 11* Y. M. D. Native of *MD* Occupation *Housewife*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widowed ☐ Widower ☐ Number of children living *4*

Husband of *Napoleon Cole*
 Wife of *Napoleon Cole*
 Father's Name *John E Lane* Mother's Maiden Name *Anne Peter*

Cause of Death { Primary *Coccurring confinement* Immediate *Labor Menstrica* }
 How long sick *over 3 Mo,*
under my Care
 Accident, Suicide, Homicide

Reported by

Address

H. Benze Simmons
Chickertown, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

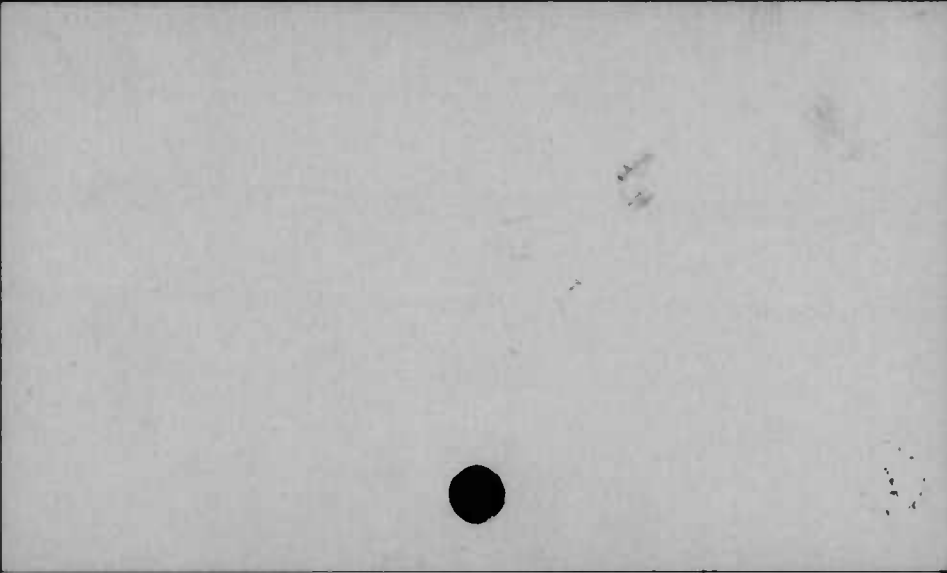
Certificate of Death

James F. Dashields
 Town County
 Died at Kent Island Queen Anne's MARYLAND
 Date 1899 902 Jan 28 Age 10-- -- Males White ~~Mixed~~ Widower ~~Divorced~~
 Occupation
 Number of children living

Husband of
 Wife
 Father's Name Jas F. Dashields Mother's Name Florence V Bush
 Cause of Death Primary Diphtheria
 Immediate Diphtheritic Heart Failure
 How long sick about 18 days
 Accident, Suicide, Homicide
 Reported by C P Kemp M.D.
 Address 1 Kent Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

Eddie Downes

Town

County

Died at

Centerville

Queen Anne's

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

January 18

Age

5

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Ed Downes

Maiden Name

Mary Hollyday

Cause of

Primary

Died suddenly, found

How long sick

One day

Death

Immediate

dead

Accident, Suicide, Homicide

Reported by

R. W. Thomas-

Address

Centerville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John Elliott

Town

County

Died at

Brompton

Queen Anne

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Aug 15th

Age

Maryland

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Sam'l George Elliott

Mother's

Maiden Name

Lidia Elliott

Cause of

Primary

Scrofula

25

How long sick

Three weeks

Death

Immediate

Scrofula

Accident, Suicide, Homicide

Reported by

Bradley & Sparks Undertakers

Address

Brompton

Queen Anne Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Name In Full *Emeline Nandy*
 Town *Near Centreville* County *Queen Anne's* MARYLAND
 Died at *Centreville*
 Date 1902 *1* Month *24* Day Age *69* Y. M. D.
 Native of *Ind* Occupation *Domestic*
~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female Colored ~~Single~~ ~~Widower~~ Number of children living *None*

Husband of *Henry Nandy*
 Wife
 Father's Name *Stephen Watkins* Mother's Name *Delia Watkins*
 Cause of Death { Primary *Pneumonia* How long sick *one week*
 Immediate *Exhaustion* *93*
 Accident, Suicide, Homicide

Reported by

Address

Jas Bradley & D
Centreville
Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Name in Full

Certificate of Death

Daisie Heath

Town

County

Died at

Winchester Queen Anne's

MARYLAND

Date 1962

Month

Day

Y.

M.

D.

Native of

Occupation

1 30

Age 13

2

6

Md

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Jas. W. Heath

Mary Heath

Cause of

Primary

Whooping Cough

How long sick

2 week

Death

Immediate

Broncho Pneumonia

Accident, Suicide, Homicide

Reported by

Dr. Beall

Address

Fords Store

md 8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William P. Higgins

Town

County

MARYLAND

Died at Winchester Indiana

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1

36

Age 69

Maryland Carpenter

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widow~~~~Number of children living~~

Husband of

Wife

Father's

Name Daniel Higgins

Mother's

Maiden Name

Mary Cooper

Cause of Primary

How long sick

4 days

Death Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Dr Wm Beall

Address

1 Ford's Store

Indian Anne Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 1902

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Date 1902

Jan 28

Age

34 - - -

Del

Housewife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~

Widower

Number of children living

6

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Phthisis Pulmonalis

How long sick

12 mos

Death

Immediate

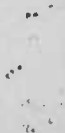
Didn't see her since Dec 13/01

Accident, Suicide, Homicide

Reported by

Address

Centerville



Name in Full

Certificate of Death

Name in Full *Julia Johnson*
 Died at *Cattis* ^{Town} *Queen Anne* ^{County} *MARYLAND*
 Date 19*02* *Jan. 23* ^{Month} ^{Day} *1* ^{Y.} *7* ^{M.} ^{D.} *Widow* ^{Native of} *Occupation*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
Female *Colored* *Single* ~~Widow~~ ~~Number of children living~~

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

Reported by

Address

John Henry Johnson
Mary Perkins
Feeling & indigestion
Pneumonia I think
more than a week since she was here
E. W. Semmons
Chester town Md.

LIBRARY BUREAU, 79892



Name in Full

Certificate of Death

Olive L. Jones

Town

County

Died at

Winchester

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Maryland

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Joseph E. Jones

Olive Pearson

Cause of

Primary

Renal disease

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Chas. Corkey

Address

Queens town

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~

Widower

Number of children living

3

Husband
of
WifeFather's
Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

10 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Robert M. Lloyd.

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1 24

Age

1 11

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75804



Bobby Morgan

Town

County

Died at Still born at Green Anne

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

1, 20

Age

~~Male~~

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elijah ~~Smith~~ Ann Smith
 Near ^{Town} Centerville ^{County} Q & A Co

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 22

Age

86

Balto Md

None

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~Single~~Widower~~Number of children living

None

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

86 years 154 about a year

Accident, Suicide, Homicide

Exhaustion General

Reported by

Address

Gas Bodley Md
 Centerville
 Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Died at

Date 19

~~Male~~

Female

Husband of

Wife

Father's Name

Cause of

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

MARYLAND

Occupation

Age

~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~~~Number of children living~~

Mother's

Maiden Name

How long sick

Accident, Suicide, Homicide



Clara Thomas

Town

County

Died at

Winchester

Queen Anne's Co

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

1 27

Age 28

Maryland

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

~~Husband~~

of

John M Thomas

Wife

Father's

Name

Sam'l Jones

Mother's

Kate Jones

Maiden Name

Clara Jones

Cause of

Primary

Intestinal Tuberculosis

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr H. H. Beall

Ford's Store

md

Address



Name in Full

Certificate of Death

Died at

Town
Centerville

County

Queen Anne's

MARYLAND

Date 19

Month
02 / Day
26

Age

Y. M. D.
50.3

Native of

Md.

Occupation

None

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Maiden Name

Agusta James

How long sick

5 days

~~Accident, Suicide, Homicide~~

Reported by

Jas Bradley M.D.
Centerville
Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Christina Watkins

Died at ^{Town} Kent Island ^{County} Sussex Anne MARYLAND

Date 1902 Jan 21 Age 32 -

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~ ~~Widower~~ Native of Balto Occupation House-wife

Female Colored Single Number of children living 5

Husband of Lehas Watkins

Wife

Father's Name Lehas Harvey Mother's Name Francis Harvey

Cause of Primary Consumption How long sick 3 mo.

Death Immediate Accident, Suicide, Homicide

Reported by C. Percy Kemp

Address Kent Isld. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

James A. Hilson
 Died at ^{Town} Haydens P. O. ^{County} Tunnawmune MARYLAND
 Date 1902 ^{Month} 1 ^{Day} 23 ^{Age} 47 ^{Y.} 10 ^{M.} 9 ^{D.} 9 ^{Native of} Md ^{Occupation} Farmer
 Male ~~Female~~ ~~White~~ ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Mary Eliza Handy Hilson
 Name ^{Mother's} Maiden Name

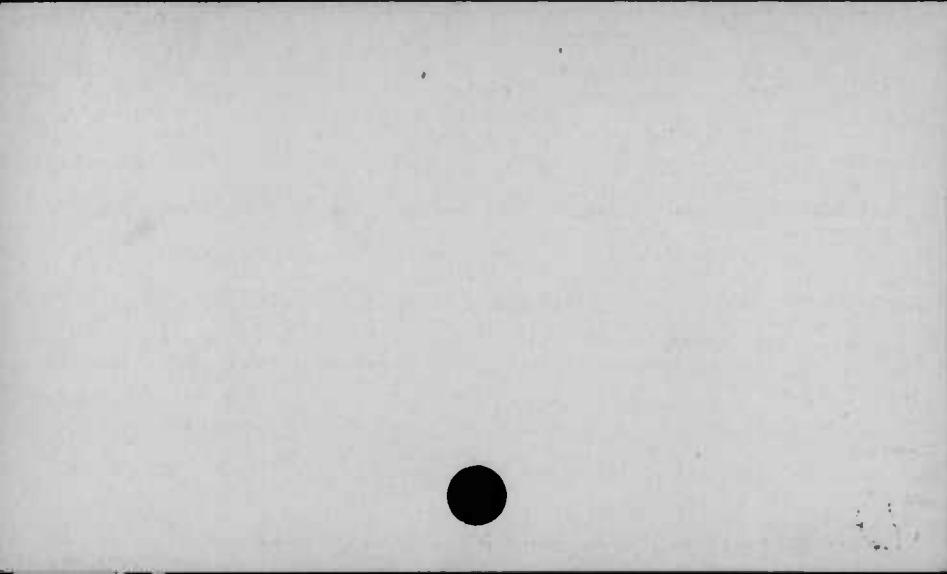
Cause of Death { Primary Tuberculosis 2
 Immediate Exhaustion
 How long sick 1 yro
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

John Derly Wilson
 Town Winchester County Queen Anne's

MARYLAND

Died at

Date 1902 1 26 Age 32 Native of Md Occupation oysterman
 Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79823



Name In Full

Certificate of Death

Died at

Date 19

~~Husband~~
of~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Addie Wright

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

02

1 20

Age 17

Keen Island Queen Anne's MARYLAND

House Girl

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~~~Husband~~
of~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Bill Wright Terry Richardson

How long sick

6 months

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

For cause of Thomas J. Anderson after
Keen Island Keen Island

LIBRARY BUREAU, 79B93

